STATE OF CALIFORNIA DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT DIVISION OF CODES AND STANDARDS

FOR DEPARTMENT USE ONLY
DATE OF COLLECTION
FEE COLLECTED
QAI NO.

QUALITY ASSURANCE INSPECTOR APPROVAL

COMMERCIAL COACH, MULTI UNIT MANUFACTURED HOMES, SPECIAL **PURPOSE COMMERCIAL COACH UNITS** INSTRUCTIONS Read the application carefully and provide all requested information and attachments. Type or print clearly. Refer to California Code of Regulations, Title 25, Chapter 3, Subchapter 2, Article 5 (hereinafter CCR) Commencing with Section 4850, for requirements on Quality Assurance Inspector Approval Applications, qualifications, performance requirements, and fees. Attach the appropriate application or renewal fee as specified in CCR Section 4884. **SECTION 1 - TYPE OF APPROVAL REQUESTED** QUALITY ASSURANCE INSPECTOR, ORIGINAL APPROVAL QUALITY ASSURANCE INSPECTOR, APPROVAL RENEWAL COMPLETE SECTIONS 2, 3, 6 COMPLETE ALL SECTIONS **SECTION 2 - IDENTIFICATION INFORMATION** NAME ___ __TELEPHONE (_____) _____ HOME ADDRESS ___ NUMBER & STREET STATE ZIP CODE SECTION 3 - QUALITY ASSURANCE AGENCY EMPLOYMENT INFORMATION EMPLOYMENT STATUS: CURRENTLY EMPLOYED TO BE EMPLOYED UPON RECEIVING DEPARTMENT APPROVAL (check one) _____TELEPHONE (_____)___ QUALITY ASSURANCE AGENCY NAME ___ ADDRESS NUMBER & STREET CITY STATE ZIP CODE **SECTION 4 - QUALIFICATIONS** ATTACH A RESUME OF PERTINENT EDUCATION, TRAINING AND EXPERIENCE WHICH SATISFIES ALL REQUIREMENTS OF CCR SECTION 4856. 4862, AND 1986 ASTM STANDARD E 541, PART B. FAILURE TO PROVIDE INFORMATION THAT SATISFIES ALL SECTIONS OF CCR 4856, 4862 AND ASTM E 541 MAY BE CAUSE FOR DELAY OR REJECTION OF APPLICATION. SECTION 5 - CITIZENSHIP / IMMIGRATION STATUS DECLARATION COMPLETED STATEMENT OF CITIZENSHIP, ALIENAGE AND IMMIGRATION STATUS COPY OF ONE OF THE DOCUMENTS FROM LIST A or B SHOWING U.S CITIZENSHIP OR QUALIFIED ALIEN STATUS APPLICANT VERIFICATION FEE \$ 13.00 (NOT REQUIRED IF CITIZENSHIP STATUS VERIFICATION HAS BEEN PREVIOUSLY APPROVED BY THE DEPARTMENT) **SECTION 6 - CERTIFICATIONS** ATTACH AN "ABSENCE OF CONFLICT OF INTEREST", (FROM HCD-MH 471 (REV.5/89) BEARING YOUR SIGNATURE. _____, CERTIFY UNDER PENALTY OF PERJURY THAT ALL INFORMATION PROVIDED WITH THIS APPLICATION IS TRUE AND CORRECT. SIGNATURE

_____STATE OF _____

EXECUTED IN THE COUNTY OF _____